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Application Number

10/522256

Filing Date 09/JUL/2003 **POWER OF ATTORNEY** FRANCK ABELARD ET AL First Named Inventor TRICK PLAY METHOD **CORRESPONDENCE ADDRESS Art Unit** INDICATION FORM **Examiner Name** Attorney Docket Number I hereby appoint: **Customer Number 24498** ☑ Practitioners at Customer Number ☐ Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:. OR The address associated with Customer Number: OR Firm or Joseph S. Tripoli, Patent Operations Individual Name THOMSON LICENSING INC. Address Address P. O. BOX 5312 State ZIP 08543-5312 **PRINCETON** NJ City Country USA 609-734-6834 Fax 609-734-6888 Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record JOSEPH S. TRIPOLI, Name Signature Date Telephone 609-734-6834 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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